



# Macomb County MSU Extension

## 4-H Member Information 20\_\_\_\_-20\_\_\_\_



Primary Club/Program: \_\_\_\_\_ Years in 4-H (including this year): \_\_\_\_\_  
(Do NOT fill out more than one Member Information form)

Member Category (Circle One): Member / Cloversprout

Are you transferring from another club? Yes / No  
If yes, which club are you are transferring from: \_\_\_\_\_

Member Status (Circle One): New Enrollment / Re-enrollment

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: MI Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade you are in: \_\_\_\_\_ Family E-Mail: \_\_\_\_\_

Sex: F \_\_\_\_\_ M \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ 4-H Age: \_\_\_\_\_  
Month Day Year (Age on Jan. 1 of current school/4-H year)

The following information is used to gather statistics and to determine compliance with civil rights laws.

Are you of Hispanic Ethnicity? Yes No

Racial Groups (check all that apply):

- ☐ African American/Black (only)
- ☐ American Indian or Alaskan Native (only)
- ☐ Asian (only)
- ☐ White & American Indian or Alaskan Native
- ☐ Native Hawaiian or other Pacific Islander (only)
- ☐ Black & American Indian or Alaskan Native
- ☐ White (only)
- ☐ White & Asian
- ☐ White & African American/Black
- ☐ Other (specify) \_\_\_\_\_

Disabled (circle one): Yes No

If yes, explain: \_\_\_\_\_

Military family (circle one): Yes No

Residence (Circle One):

Farm

Rural (population less than 10,000)

Town or city (population 10,000-50,000)

Suburb of a city whose population is 50,000+

City (population 50,000+)

### OFFICE USE ONLY

State 4-H Membership  
Fee Paid? Circle one.

YES / NO (Reason? \_\_\_\_\_)

Date \_\_\_\_\_

Check # \_\_\_\_\_

Amount \_\_\_\_\_

Receipt # \_\_\_\_\_

**MEDIA RELEASE:** I authorize MSU Extension to identify, photograph, or videotape me for local media stories about 4-H activities, MSUE and Macomb County publications and reports. Circle one: YES NO

**AUTHORIZATION TO RELEASE NAME:** I authorize MSUE to release my name, address, phone number and e-mail address to Macomb County 4-H leaders for 4-H purposes, and to release my name to the Armada Fair Office for registration verification. Circle one: YES NO

PRIMARY CLUB PROJECTS				SHARED CLUB PROJECTS				
Project/Activity Name	Project/Activity Code	Youth Leader	Year in Project/Activity	Project/Activity Name	Project/Activity Code	Youth Leader	Year in Project/Activity	Shared Project Club
		Y / N				Y / N		
		Y / N				Y / N		
		Y / N				Y / N		
		Y / N				Y / N		
		Y / N				Y / N		
		Y / N				Y / N		

Parent(s) Last Name(s): \_\_\_\_\_ Parent(s) First Name(s): \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

By signing this form as a 4-H member and/or parent/guardian/relative, we recognize that we are representing 4-H and its values and ethics. We have read and agree to follow the code of conduct for members and parents/relatives and agree to adhere to the principles and philosophy of 4-H. Failure to comply may result in loss of privileges normally accorded to 4-H members.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

General/Organization Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY: Received/By: \_\_\_\_\_ / \_\_\_\_\_ Recorded/By: \_\_\_\_\_ / \_\_\_\_\_

**GEN./ORG. LEADERS:** Please return this form to the Macomb County 4-H Office, 21885 Dunham Rd., Suite 12, Clinton Township, MI 48036. The yellow copy will be returned to the gen./org. leader once all forms have been processed.